Prehospital Trauma Activation by EMS
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**Trigger**
- Feedback from Emergency Medical Services (EMS) concerning trauma readiness
- Opportunity to clarify prehospital communication between EMS and Emergency Department (ED) providers

**PICOT**
Does prehospital trauma activation by EMS providers improve injury identification for patients not specifically meeting internal criteria, compared to trauma activation initiated per internal criteria?

**Synthesis**
Translation of evidence-based practice for other prehospital activations and alerts [1]:
- STEMI
- Stroke
- Sepsis

**Reference**

**Conclusions**
Most prevalent mechanism of injury (MOI) for trauma activation:
1) Motor vehicle collision (MVC)
2) Ground level fall (GLF)
3) Fall from height less than 20 feet

**Team Change**
EMS prehospital report with injured person/trauma MOI

**Evaluation**
Improvement/Sustainment Tools
- Recorded EMS phone review (selected and random, available from February 2019 to present)
- THR Applause nomination
- Trauma Committee monthly report
- EMS agency follow-up email (selected activations)
- EMS agency monthly email
- EMS Luncheon quarterly report with accuracy awards
- EMS continuing education

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- Trauma Service
- ED
- EMS